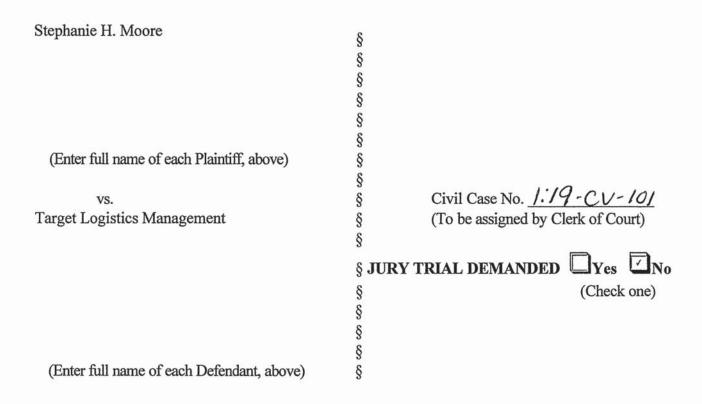
\*\*\*\*\*Please be advised that the use of these forms may not be proper for your specific legal situation\*\*\*\*

\*\*\*\*Please make an independent determination whether use of these forms is appropriate\*\*\*\*

## UNITED STATES DISTRICT COURT DISTRICT OF NORTH DAKOTA



## **COMPLAINT**

**I. JURISDICTION.** State the grounds for filing this case in Federal Court (include federal statutes or U.S. Constitutional provisions).

The grounds for filing this case in Federal Court are race and sex (gender) discrimination of the Equal Pay Act (EPA) of 1963.

These violations occurred at Stanley Hotel a subsidiary of Target Logistics Management 913 4th St SW, Stanley, ND 58784.

The violations occurred between August 2013-September 2017.

II. PLAINTIFF. For each Plaintiff list: name and address including City, County and State.

Stephanie H. Moore 1661 Lasca Road Thomasville, AL 36784 Marengo County

III. DEFENDANT. For each Defendant list: name and address including City, County and State.

Target Logistics Management Dba Stanley Hotel 913 4th St SW Stanley, ND 58784 Mountrail County **IV. CLAIM.** State the facts of your claim. Include the name of each person involved, dates and places. Be as specific as possible. Do not give any legal argument or cite any cases or statutes. Use additional sheets of paper if necessary.

Hourly Pay plus Overtime was not equal to what others were paid, men and non-African Americans.

V. ADMINISTRATIVE PROCEDURES. If applicable, state whether your claim was heard by any administrative agencies; the type of proceedings; the date and place of any proceedings; the outcome of any administrative proceedings.

My claim was heard by: U.S. Equal Employment Opportunity Commission.

Type of proceedings: Dismissal and Notice of Rights.

Date: April 8, 2019.

Place: Chicago District Office, 500 West Madison St., Suite 2000, Chicago, IL 60661.

Outcome: The EEOC has adopted the findings of the state or local fair employment practices

agency that investigated this charge.

VI. RELIEF. State what you want the Court to do for you.

I wish to be granted all back pay between August 2013-September 2017 for Hourly wages, Overtime and Attorney fees.

VII. SIGNATURE. Each Plaintiff must individually sign this complain	int.
Signed this 47H day of June ,2019.	
Signature of Plaintiff	Signature of Plaintiff
Printed Name of Plaintiff	· Printed Name of Plaintiff
1661 LASCA ROAD Mailing Address	Mailing Address
/Nompsville, AL 36784 City, State, Zip Code	City, State, Zip Code
954-394-1919 Telephone Number of Plaintiff	Telephone Number of Plaintiff
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